



BUSBRIDGE CE (Aided) JUNIOR SCHOOL

First Aid Policy & Procedure



This policy was written by the SLT in March 2023.

It was agreed by Governors in Spring 2023.

It will be reviewed in March 2026.

Vers 19.09.24

Our School Vision Statement

To be a school that reflects the love of Christ: **cherishing** each other as unique individuals and **challenging** all to achieve and succeed.

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Introduction

We take our duty of care for children and adults in school very seriously. Therefore we have well managed and effective First Aid procedures.

Position of First Aid equipment

A first aid kit is held in each classroom and in the Learning Lab. The school's medical room holds additional first aid equipment as well as the first aid bum-bags which go on trips.

First Aid in School

Normally when a child becomes unwell at school or is injured in an accident, other than minor cuts or bruises, the school will arrange for them to be looked after in our Medical Room, which is a quiet place. During break time, first aid may also be carried out in the Learning Lab. When administering first aid for cuts and grazes, we will ask the child if they would prefer to clean the graze themselves and apply a plaster. This will be done under adult supervision. If the child prefers, a member of staff will clean the wound and apply a plaster/bandage for them. We will always check the child is not allergic to plasters.

Staff will arrange for the parent to collect a child as soon as possible if they are feeling very unwell or have a fever.

First Aid on School Trips and Visits

First aid provision should always be considered when planning a visit. The group leader should assess what level of first aid provision might need to be provided by school staff. On any visit, there should be a member of staff who has a good working knowledge of first aid, a first aid kit adequate for the activities as well as a member of staff who is familiar with this kit.

Training

The School Business Manager is responsible for ensuring that staff first aid training is up to date and for retaining a written record. All staff will complete training every 3 years.

What we can and cannot do with regards to First Aid in school

All staff administering first aid to pupils in school must be first aid trained. The purpose of the first aid provision in school is to triage the patient, and where possible allow them to continue with their school day. Instances of first aid that would be provided to pupils would be administering an ice pack for an injury, cleaning and dressing wounds and applying plasters, and administering Calpol/allergy medication as deemed necessary.

School staff are not permitted to use tweezers on injuries, nor may they clean eyes using saline solutions (staff may use water to clean eyes, if deemed appropriate). This is due to the potential to make an injury worse. Following the pupil's triaging, if further medical attention is deemed necessary then school staff will call parents.

Informing parents

If a child is feeling particularly unwell or is not improving after being in the Medical Room for a period of time, the school will contact parents/carers to inform and discuss next steps. A parent may consent to medicine being given, e.g. Calpol, or decide to collect the child from school.

First Aid Medication (Calpol/Allergy Medication)

Calpol/allergy medication is only administered in school after consent has been given by a parent. Verbal consent is satisfactory, and the staff member administering the medication will always verify with the parent what specific dose they wish to administer. When medication is administered, a written record will be completed in the Administration of Medication blue folder, which is held in the office medicines cupboard.

Head Bumps

When a child bumps their head at school, we monitor them closely to assess whether they have any symptoms of concussion – dizziness, feeling sick or problems with vision. The child is sat down in the Medical Room whilst we monitor them. A bumped head sticker is given, to ensure that staff are aware in case the child deteriorates during the day. A leaflet is also given to the child to hand to a parent/carer when they go home, which explains what to do if the child deteriorates.

Our policy is to call parents/carers to inform them of any head bumps, unless the bump was very minor. The member of staff administering the first aid, will telephone the parent/carer.

If a child is feeling unwell in themselves after a head bump, we will suggest that they are taken home by a parent/carer to recuperate and be seen by a professional if it is felt necessary by the parent/carer.

Were an assessment to be made that a child is concussed, we will telephone the parent immediately, and/or call 999.

Asthma and Severe Allergic Reactions (EpiPens)

To enable children with a chronic illness to lead as normal and happy life as possible it may be necessary for them to take prescribed medicines during school hours - such as inhalers for asthma. Parents are asked to complete a Medical Care Plan (Appendix 2 of Administration of Medicine Policy) for their child at the beginning of each term

when inhalers, etc are returned to school. Parents are responsible for ensuring adequate supplies of medication are available in school and that the medicine is in date. These are considered to be part of our first aid provision; however, they must all be entered into the Medications Folder if used.

All staff are expected to familiarise themselves with the children in school who carry epi-pens. Training is given at least once every three years on how to administer such medications.

Details, including pictures of the children, of all serious medical conditions and allergies are available in the staffroom and displayed in the Office.

- All staff are expected to familiarise themselves with the location of epi-pens in school.
- All staff are expected to familiarise themselves with those children who use inhalers.
- Children with inhalers are expected to have been educated in their use by parents or carers.
- A Minimum of two Epi-Pens will be held by the school. One will be kept in the classroom in the marked medical drawer / cupboard and taken with the child as they move around school or to activities within the school grounds or outside. The second will be stored in the marked medical cupboard in the school office.

The school holds a general epi-pen and general inhaler in the school medical room in the cupboard demarcated by a green medical sign. These are available to use in the event of an emergency. Staff will only administer these in life threatening situations. If possible, depending on the severity of the emergency, parental permission will be sort before administration.

First Aid Supplies and Kits

The contents of school first aid kits / bum bags is shown in appendix B.

The Senior Administrative Assistant is responsible for checking and re-stocking first aid supplies in the Medical Room and the Learning Lab. Class Teaching Assistants are responsible for replenishing the class first aid kits. This is carried out every half term, or when needed.

When further medical assistance is required

In the event of an individual needing further emergency assistance, a member of the office staff will summon an ambulance.

If the situation is not an emergency but requires further medical assistance, it is the responsibility of the parent (or other named adult) to accompany the child to their GP surgery or hospital outpatients department, as appropriate.

In some situations, however, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, serious eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment. The school will call an ambulance in such cases and communicate the situation to the parents.

Where a child has to be transported to hospital and it has not been possible to arrange for a parent to accompany them, two members of staff will attend with the child and remain at the hospital with them until a parent arrives.

Consent is generally not required for any lifesaving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child.

Should parents have any concerns or specific requests or queries, they should discuss their concerns directly with the school.

If a child or adult requires any professional medical treatment at a hospital or other medical facility, an OSHENS form will be completed back at school.

Educating the children about First Aid

Children are educated in first aid via the PSHE curriculum. This may include planned curriculum activities and one-off lessons/events.

When first aid is administered at school, the staff member will always talk through what they are going to do to treat the child's condition. This allows the child to understand the process and to object should they be unhappy with any action being taken.

Linked Policies

Health and Safety Policy

Administration of Medicines Policy

Supporting Children with Medical Conditions Policy

Appendices:

Appendix A Staff currently trained in First Aid

Appendix B Contents of school First Aid kits / bum bags

Appendix A Staff currently trained in First Aid

Date of record: 12.05.23

(live record of trained staff maintained by SBM)

First Name	Last Name	First Aid training dates	Expiry Date
Gail	Allen	17-Jan-23	17/03/2026
Rachel	Barker	4 Sept 2019 via Tracey Bowen	04/09/2022
Sarah	Buchan	4 Sept 2019 via Tracey Bowen	04/09/2022
Annie	Carter	8 Sep 21 via Back to Life training	08/09/2024
Richard	Catchpole	4 Sept 2019 via Tracey Bowen	04/09/2022
Kirsty	Davies	23 March 22 via Back to Life training	23/05/2025
David	Evans	4 Sept 2019 via Tracey Bowen	04/09/2022
Espa	Faupel	4 Sept 2019 via Tracey Bowen	04/09/2022
Abigail	Friend		
Shelly	Greenfield	4 Sept 2019 via Tracey Bowen	04/09/2022
Joanne	Hardy		
AnneMarie	Holland-Leader	11 May 2023 via Tracey Bowen	11/05/2026
Margaret	Ingham	13 October 22 via Tracey Bowen	
Sue	Keen	17 January 2023 via Tracey Bowen	17/01/2026
Theresa	McElroy	17 January 2023 via Tracey Bowen	17/01/2026
Jackie	McPhail	13 October 22 via Tracey Bowen	13/10/2025
Steven	McPhail		
Clare	Parsons	13 October 22 via Tracey Bowen	
Lynn	Procter-Moore	17 January 2023 via Tracey Bowen	17/01/2026
Michaela	Sauveur	23 March 22 via Back to Life training	23/03/2025
Anna	Smith		
Kim	Snow	19 April 22 via STP Training Services	19/04/2025
Anna	Squires		
Max	Stuart		
Emma	Tampsett	4 Sept 2019 via Tracey Bowen	04/09/2022
Emma	Toulson	4 Sept 2019 via Tracey Bowen	04/09/2022
Chloe	Warner		
Debbie	Wright	4 Sept 2019 via Tracey Bowen	04/09/2022

Appendix B Contents of school First Aid kits / bum bags

Fabric plasters 7.5cm x 5cm	
Fabric plasters 4cm x 4cm	
Fabric plasters 7.5cm x 2.5cm	
Fabric plasters 4cm x 2cm	
Adhesive dressing 5cm x 7.5cm	
Adhesive dressing 8cm x 10cm	
Sensitive skin plasters	
Hypa-Clean alcohol free moist wipes	
Absorbent lint/gauze	
Non adhesive dressing 10cm x 10cm	
Non adhesive dressing 7.5cm x 7.5cm	
Non adhesive dressing 5cm x 5cm	
Triangular bandage 90cm x 90cm x 127cm	
Emergency foil survival blanket	
Self seal finger dressing 3.5cm x 3.5cm	
Wound closure strips	
Adhesive microporous tape 2.5cm x 10m	
Hot/cold pack sleeve	
Hot/cold packs	
Disposable gloves	
Crepe bandage 5cm x 4.5cm	
Large dressing 18cm x 18cm	
Medium dressing 12cm x 12cm	
Eye pads 7cm x 7cm	
Disposable face coverings	
Face shields – resus	
Antibacterial spray	
Blue sick bucket	
Clean-up powder with deodoriser	
Swing bin liners	
Antibac surface wipes	